

**Statewide Epidemiology Workgroup  
MINUTES**

**DATE:** July 9, 2018  
**TIME:** 1:00 p.m.

**TELECONFERENCE ONLY: (888) 636-3807 / Access Code: 1961091**

**BOARD MEMBERS PRESENT**

James Kuzhippala, Chair, Truck Meadows Community College (TMCC)  
Julia Peek, Division of Public and Behavioral Health (DPBH) and proxy for Ihsan Azzam, DPBH  
Ingrid Mburia, DPBH, Maternal Child Health Program  
Kathryn Barker, Southern Nevada Health District (SNHD)  
Meg Matta, Bureau of Behavioral Health Wellness and Prevention (BBHWP), proxy for Marco Erickson  
Pauline Salla, Division of Child and Family Services (DCFS)  
Misty Allen, proxy for Richard Egan, Office of Suicide Prevention  
Wei Yang, Nevada Center for Health Statistics and Information, University of Nevada, Reno (UNR)  
Stephanie Asteriadis Pyle, Center for the Application of Substance Abuse Technology (CASAT), UNR  
Ying Zhang, SNHD  
Eric Ohlson, Washoe County School District  
Kyle Devine, DPBH, proxy for Ihsan Azzam  
Marco Erickson, DPBH, proxy for Julia Peek

**BOARD MEMBERS ABSENT**

Gwen Taylor, ACCEPT  
Jennifer DeLett-Snyder, Join Together Northern Nevada (JTNN)  
Jim Jobin, Vogue Recovery Center  
John Fudenburg, Clark County Coroner  
Judy Henderson, Nevada Coalition to End Domestic and Sexual Violence  
Trey Delap, Group Six Partners  
Yenh Long, Board of Pharmacy

**STAFF & GUESTS PRESENT**

Laura Oslund, Partners Allied for Community Excellence (PACE)  
Lea Cartwright, Nevada Psychiatric Association  
Savannah Chavez, United Citizens Foundation  
Damaris Richardson, Substance Abuse and Mental Health Services Administration (SAMHSA)  
Jen Thompson, Department of Health and Human Services, Office of Analytics  
Joan Waldock, Substance Abuse Prevention and Treatment Agency

1. Introductions, Announcements, and Roll Call  
Mr. Kuzhippala determined a quorum was present.
2. Public Comment  
There was no public comment.
3. Approval of Minutes from June 21, 2018 Meeting  
Ms. Peek moved that the minutes be approved without edits. Ms. Mburia seconded the motion. The motion passed.
4. Recommendations for the Bureau of Behavioral Health Wellness and Prevention (BBHWP) Funding for Data Projects  
Ms. Peek explained that SEW's presentation to the Multidisciplinary Prevention Advisory Committee (MPAC) must include specific recommendations on how SEW would like funding to be distributed. She stated SAPTA funding has gone to the Behavioral Risk Factors Surveillance System (BRFSS), the Youth Risk Behavioral Survey (YRBS), and the Pregnancy Risk Assessment Monitoring System (PRAMS) in the past. She suggested a slide be included that showed currently funded projects and underfunded projects. She recommended that SAPTA continue to fund BRFSS and YRBS at the current levels or higher. She asked for discussion on the level of funding for PRAMS as she thought PRAMS has been underfunded and needed additional funding.  
Mr. Kuzhippala asked if SEW should be giving MPAC figures for how much funding the programs needed. Ms. Peek replied it would be helpful if the funding recommendations were specific. She mentioned that UNR gave the specific dollar amount needed for PRAMS. She pointed out that PRAMS was one of SEW's only data sources for perinatal substance use. She concluded that it was up to SEW to determine what level of detail to provide. She thought that more detail was better, as it would represent the true need. Dr. Yang stated that most states provided supplementary support to the Centers for Disease Control (CDC) contract's detailed guide for the response rate, operations, and a request the state fund one position for this project. He said a state coordinator was partially funded with federal funds. He said the federal portion funded the hard costs of operating—phone calls and postage. He noted it has become harder to find participants without offering incentives. With budgeting for incentives, the funding for personnel and operating has shrunk. He said his office has continued to operate, but cannot meet the CDC-required responding rate. He said they have tried to promote PRAMS and to increase incentives while keeping operating costs the same. He has requested \$65,000-\$70,000 per year to keep PRAMS operating.  
Ms. Mburia supported what Dr. Yang said about increasing the reward. She said currently participants were offered \$10 and that she has received anecdotal information that mothers feel they should be compensated more for their time in answering the questions. She noted it took 25-30 minutes to complete the English questionnaire by telephone and 30-35 minutes to complete the Spanish one. She added that other states offered higher rewards. She pointed out that Nevada has struggled to achieve the CDC's recommended 60 percent response rate. Additional funding to increase the reward to \$15 or \$20 would yield a higher response rate. She said Dr. Yang needed additional funding for operational costs since his team worked on questionnaires that are sent via mail or followed up with telephone conversations. She said the CDC required that an individual mother be called up to 15 times before they could give up trying to reach them. Dr. Yang reported current funding for the six staff involved in working on it was \$49,000 a year.  
Ms. Peek said there were a number of different things that could be funded. She asked them to detail an amount, what it could fund, and the data benefits involved. Ms. Mburia said she and Dr. Yang could provide a draft budget for the funding requested. Ms. Peek said SEW needed to determine the level of detail they wanted to present to MPAC. She thought they needed to determine whether they wanted to present something broad-based, pointing out data gaps and needs, or something specific. Dr. Yang said he could provide a line-item budget by Thursday.

Ms. Peek said BRFSS has been funded in the past. Each question costs \$2,500. She added that with SAPTA funds, SEW purchased questions about problem gambling in order to fill a specific data gap. She said data gaps could be eliminated by the purchase of specific questions in BRFSS. She pointed out the sample size for BRFSS has shrunk over the years. She stated that if SEW wanted to oversample, it would allow more granular analytics, especially when they crosstabbed information. She suggested if there was not a dollar amount, a generic slide on the PowerPoint could ask for additional questions, continued support for questions, and oversampling.

Dr. Yang said YRBS was severely underfunded. He reported CDC paid a total of \$65,000, funding the survey in 27-31 mostly Clark County schools. He said state supplementary funding was used to conduct a census to cover every high school and to cover middle schools in the survey. He said they covered 230 high schools across the state. He said the data from the 27-31 CDC schools would be difficult for the coalitions to use—even for the Clark County coalitions. He pointed out there was supplementary support in addition to SAPTA funding. Ms. Peek stated that some coalitions came together to sample youth at Boys and Girls Clubs or other locations in order to understand their perception and risks. The survey provided a necessary set of data. It could be done annually, if funding was available. The data was used to support the SAMHSA Partnership for Success (PFS) so it focused on opioids. Going forward, it will focus on a new set of drugs. She pointed out that the online survey was more work for the coalitions. She suggested recommending to MPAC that SAPTA continue to support youth perception question analysis. Dr. Yang said the survey started in Clark County with the PACT Coalition for Safe and Drug-Free Communities. The questionnaire was designed for perception questions, with some core questions included. He said they would start with southern Nevada sites, but northern Nevada coalitions have expressed interest, so the same model could be used for perception questions. Dr. Yang said the questions could be added to the regular YRBS, but because of the limit for the questionnaire, a separate methodology was designed. This survey, including all of the youth perception questions, will take place in the summer. Three different grades will participate. Ms. Oslund stressed that the perception questions are needed by the coalitions for many grants, including the one for Drug-Free Communities. Mr. Kuzhippala asked how much additional funding would be needed for this project. Dr. Yang said the cost depended on the number of samples. At this point, they have planned on 300 samples for Clark County. They will finish data collection, do data analysis, and produce a report.

Mr. Kuzhippala suggested making the following recommendations to MPAC:

- PRAMS—\$65,000-\$75,000 to keep normal funding
  - Increase funding for the incentives
  - Increase funding for operations, with specifics from Dr. Yang and Ms. Mburia
- BRFSS—additional funds for \$2,500 per question
  - Propose additional questions to minimize data gaps
  - Increase sample size to oversample in certain areas
- YRBS—Increase state funding
  - Middle school samples
  - Include schools not covered by CDC
  - Boys and Girls Clubs sampling

Ms. Peek moved to accept Mr. Kuzhippala's recommendations. Ms. Salla seconded the motion. The motion passed.

5. Review Recommendations for the Data Profile and Approve for the Multidisciplinary Prevention Advisory Committee (MPAC)

Mr. Kuzhippala reported that Ms. Thompson included the recommendations and changes requested by SEW. Ms. Thompson stated most of the changes made in the [Data Profile](#) were simple edits. Mr. Kuzhippala pointed out that SEW needed a finalized PowerPoint presentation for the MPAC meeting July 12 and that the Data Profile would be provided to MPAC in draft form. The finalized Data Profile will be presented at the October 18 SEW meeting.

Ms. Thompson reported she incorporated suggestions from the last meeting into the profile. She pointed out narrative needed to be added to the substance abuse section. She added death data related to mental health illness, drug and alcohol, and suicide. She also included hospitalizations due to suicide attempts. She said she would wait until the report was complete to write the executive summary in order to focus on alcohol, drugs, and youth drinking. Ms. Peek asked that a slide on PRAMS data be included. Ms. Mburia said she was told by CDC that Nevada was first in line to have its PRAMS data weighted for 2017 surveys. Ms. Peek reminded Mr. Kuzhippala that the final slide of the PowerPoint should be recommendations for funding. If PRAMS data is unavailable, she thought MPAC should know what their questions about substance-exposed babies were.

Mr. Ohlsen pointed out that the PowerPoint suicide data title did not match the data it contained. Ms. Thompson replied that the wording was taken from YRBS. Ms. Peek pointed out the slide was based on datasets, so it could appear jumpy when presented by topic. Ms. Thompson said the report was sorted by topics, explaining it started wide with YRBS—which is not actual numbers—then moved into different mental health datasets. Mr. Ohlsen said the title of the slide regarding suicide data conveyed the idea that emotional health meant the absence of suicidal ideation. Dr. Yang suggested titling it "Mental Health Risk Behaviors." Ms. Peek asked if the slide could be removed if the data it presents was confusing. Ms. Thompson said it was included because it presented data on youth, an area SEW requested. Ms. Allen asked if "Emotional Health Summary" could be removed. Mr. Ohlsen thought the data itself was important. Ms. Thompson said it could be titled, "Nevada High School Students YRBS."

Mr. Kuzhippala asked if there were recommendations or changes they wanted to see in the Data Profile. Ms. Peek asked if SEW could have more time to review it. Mr. Kuzhippala said SEW was to approve recommendations made at the previous meeting and today. The final draft will be approved at the October meeting. He pointed out that SEW would provide MPAC the current draft. Ms. Barker commented on the methodology of combining methamphetamines marijuana in the slides, then separating them out for International Classification of Diseases-10 (ICD-10). She stated ICD-9 combined them. Ms. Thompson replied the two were combined as one object as they have the same ICD-9 code. Ms. Barker pointed out there were different codes for non-dependent abuse of drugs—cannabis abuse in ICD-9. She said there were also different codes for abuse of amphetamines and abuse of cannabis. Ms. Thompson said the slide she referred to was specifically for poisonings, so it used the 900 codes and the "T" codes. Because those were used regarding overdoses, they had to be combined for ICD-9 and could be separated for ICD-10. She said she would add the word "Poisonings" to the title of slides 24 and 26. She stated her team did not have data on pregnant women and that she had not yet added neo-natal abstinence syndrome data.

Mr. Kuzhippala reported there was a recommendation to include a slide for the priority population "pregnant women." Ms. Mburia asked if Ms. Thompson could pull the ICD-10 codes regarding opioid use from Center for Health Information Analysis (CHIA) for Nevada. Ms. Peek said she used that source when working on Comprehensive Addiction and Recovery Act (CARA) data and agreed it would be helpful. Ms. Allen asked if data from one-year postpartum depression and suicide information was available. Ms. Peek said that data would be captured in maternal morbidity efforts. Ms. Peek asked if Ms. Mburia would rather this information be a subsection special population or if it would be better as a standalone report. Ms. Mburia thought it would be better as a standalone report. Ms. Peek moved to approve the profile with the edits mentioned. Ms. Allen seconded the motion. The motion passed.

6. Review and Approval of Epidemiological Data PowerPoint Presentation for the MPAC

Mr. Kuzhippala pointed out that the [PowerPoint presentation](#) was data-heavy, including valuable information. He stated it highlighted priority populations using YRBS and BRFSS, hospital billing—emergency discharges and inpatient admissions, Avatar, deaths, and births data.

Ms. Peek suggested they add a slide explaining what SEW's mission was in presenting data to MPAC. She said SEW's mission was two-fold—to provide MPAC trends related to substance abuse

and behavioral health issues and to describe data needs and data gaps, making recommendations for data-related funding for MPAC to consider. She also suggested that a slide toward the end contain SEW's recommendations for ongoing funding, as discussed.

Ms. Thompson began a description of the slides in the presentation.

At 1:48 p.m., Ms. Peek left the meeting. She asked Mr. Devine to be her proxy and Mr. Erickson to be Dr. Azzam's proxy.

Ms. Thompson stated she would remove the words "Emotional Health Summary" from the title of slide 3. Ms. Pyle asked why she did not title it, "Mental Health Summary," if mental health questions were used. Much discussion followed. Dr. Yang asked if the slide could be titled, "Risk Behaviors." Mr. Kuzhippala said the data was labeled, "Emotional Health Summary," because that is the title of the category in the YRBS. Dr. Yang suggested titling it, "Mental Health Risk Behaviors." Ms. Thompson said she would use that title.

Ms. Thompson said she tried to show mental health versus substance abuse, so there is a slide titled, "Mental Health Related Emergency Department Encounters." She noted on the slide that anxiety and depression were significantly higher than other mental health disorders. She pointed out there was a dip in suicidal ideation in 2016 that could not be explained. The dip occurred only in inpatient admission, not in emergency department data. It took place across the state and nationwide.

At 1:48 p.m., Dr. Yang left the meeting.

Ms. Allen pointed out state rates went up 15 percent for suicidal ideation in 2016. She said she had been told that health maintenance organizations (HMOs) determined who would be admitted as inpatients. Mr. Devine pointed out there was also an increase in anxiety disorders and depression in the same time period. He stated suicide ideation could be a symptom of depression or anxiety and that ideation was not necessarily directly connected to suicide attempts. He concluded it could be that people were being diagnosed with depression or anxiety disorders, with suicide ideation secondary. Ms. Allen stated there were 62,000 calls to the Crisis Call Center that year. She said that at least 50 percent of those the Mobile Outreach Safety Team (MOST) dropped off at hospitals were discharged. She said she could not find data to support any of the speculations members of SEW had as to the cause of the one-year dip.

Mr. Kuzhippala suggested Ms. Thompson add technical notes in an appendix. Ms. Pyle said if the information would be used to treat priority populations, it would be more difficult to compare if separated by age. She thought separating information by age group within topics made sense for determining priorities. Mr. Erickson stated that for grant writing it was useful to have them separated to identify the topic being addressing.

Ms. Thompson pointed out that marijuana use by pregnant women increased significantly once marijuana use became legal in the state. Mr. Erickson asked if mothers under age 21 could be compared with women over 21, explaining that he was looking for youth marijuana usage rates. Mr. Devine pointed out that slide 34 reported neonatal substance abuse, so it should be left in the presentation. Ms. Thompson said she completed a report showing marijuana poisoning in hospitals that did not show a difference in age groups. Mr. Erickson reiterated that data was needed relating to youth and marijuana. Mr. Erickson said any data gaps for the new PFS should be noted. Ms. Mburia asked if Ms. Thompson could add tobacco use data to the slide. Ms. Pyle asked if information on tobacco was available that separated tobacco products. Ms. Mburia stated that PRAMS would like to have data by trimester. Mr. Devine suggested a separate graph for tobacco use by pregnant women. Ms. Pyle pointed out youth might be smoking less, but did not consider vaping to be smoking. Data that would support funding for programs that target adolescent vaping would be helpful. Mr. Kuzhippala replied that YRBS had a question about vaping. Ms. Thompson added the epi profile had two figures about vaping.

Ms. Thompson explained that the slides about sexual orientation only included Lesbian, Gay, and Bisexual (LGB) because that was how the question was worded for BRFSS and YRBS.

Mr. Kuzhippala stated there would be at least two additional slides noting data needs and gaps and funding needs and recommendations. He added there would be an outline at the beginning of

the presentation that would break the report into three categories. Ms. Mburia said they could also include the questions on substance use from PRAMS data.

Mr. Kuzhippala recapped changes that needed to be made to the presentation:

- Outline, broken into three categories
- Trends for substance use
- Trends for mental health
- Data needs/gaps
- Funding needs
- Overall recommendations
- Slides 20-22—title will be changed to refer to 2015-2017
- Slide 33 will be moved to the appropriate section
- Slide 24 and 26—"Poisoning" will be added to title
- Slide 3—title changed to "Mental Health Risk Behaviors"
- Typographical errors will be corrected

He again determined a quorum was present. Mr. Devine moved to approve the PowerPoint with the changes stated. Mr. Erickson seconded the motion. The motion passed.

7. Make Recommendations of Agenda Items for the Next Meeting on October 18th at 9:00 a.m.
  - WITS update
  - CASAT presentation on the roles of evidence-based workgroup and Advisory Council in the PFS grant
  - CASAT feedback on prioritizing substance areas for SAMHSA's PFS proposal
  - MCH highlights related to substance issues
  - Decide priority reports for upcoming year
  - Approve minutes
  - Approve final draft of the data profile
  - Legislative issues, including the bill draft request (BDR) for real time overdose reporting for Emergency Medical Services (EMS) and law enforcement
8. Public Comment

Ms. Mburia announced the CDC sent PRAMS a notice of funding opportunity. She said CDC was giving 50 awards for three modules. The funding available is for opioid and disability research that will look at the use of prescription pain relievers and other opioids as well as the presence of disabilities among women who deliver a live-born infant. States that conduct PRAMS could have a supplemental module to ask questions related to opioid use and disabilities. The deadline for submitting an application is August 9. Nevada is eligible for Module A, an opioid questionnaire supplement. There are 50 awards up to \$1.5 million. Nevada is not eligible for Module B—the opioid callback, which is for the 10 states with the highest rates of opioid deaths. Nevada is eligible for Module C, the disability questionnaire supplement with up to 50 awards, up to \$1.5 million.
9. Adjourn

The meeting adjourned at 2:33 p.m.